

## **CTE Skill Certificate- Replacement Request**

**Replacement Fee - \$2.00**

Please complete the following information

<b>Name</b>	
<b>School</b>	
<b>Test Name</b>	
<b>Teacher</b>	
<b>Approximate Test Date</b>	

Include a check in the amount of \$2.00 made payable to:  
**GARFIELD SCHOOL DISTRICT.**

Mail this form and check to:

**CTE Skill Certificate Department  
Utah State Office of Education  
250 East 500 South  
PO BOX 144200  
Salt Lake City UT 84114-4200**

**Upon verification of our records the new certificate will  
be printed and mailed to the school CTE Testing  
Coordinator.**